Application Number Filing.Date CLAIMS ONLY * May be used for additional claims or amendments CLAIMS AS FILED AFTER/FIRST AMENDMENT AFTER SECOND **AMENDMENT** Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep Depend 52 - 19-.:70. : 21" 72.. 24 25 78. 30 32 37 . 90 42-.44 :45 - 94 · 98 Total Total ... Indep Indep Total -Total Depend Depend Total Total Claims Claims